



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Judith-Ann Knowles, D.C.

Respondent Name

State Office of Risk Management

MFDR Tracking Number

M4-17-3875-01

Carrier's Austin Representative

Box Number 45

MFDR Date Received

September 7, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "WE HAVE DETERMINED THAT THE FAX NUMBER USED IS ASSOCIATED WITH SORM AND ACCORDING TO RULE 133.210(e) ANY INFORMATION POSSESSED BY ONE ENTITY IS POSSESSED BY THE OTHER . . . AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED, THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount in Dispute: \$1,150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "the fax number . . . is assigned to an employee with Texas Office of Attorney General's Crime Victims Services Agency which is not the same entity as The Office . . . as define by Rule 133.2(d). SORM is not an agency of the OAG and the OAG is not an agent of SORM . . . The Office received an initial medical bill by fax on 6/26/2017 for date of service 2017, a denial for 29- Time limit for filing has expired was issued on 8/01/2017. A request for reconsideration has not been received by the carrier to appeal the original denial nor supply evidence that the bill was erroneously submitted to the wrong carrier."

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Dispute Amount	Amount Due
March 20, 2017	Designated Doctor Exam: 99456-W5-WP, 99456-W8-RE	\$1,150.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
5. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.

6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED
 - 4271 – PER TX LABOR CODE SEC. 413.016, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. The insurance carrier denied the disputed services with claim adjustment reason codes: 29 – “THE TIME LIMIT FOR FILING HAS EXPIRED.”; and 4271 – “PER TX LABOR CODE SEC. 413.016, PROVIDERS MUST SUBMIT BILLS TO PAYORS WITHIN 95 DAYS OF THE DATE OF SERVICE.”

The requestor states that “WE HAVE DETERMINED THAT THE FAX NUMBER USED IS ASSOCIATED WITH SORM AND ACCORDING TO RULE 133.210(e) ANY INFORMATION POSSESSED BY ONE ENTITY IS POSSESSED BY THE OTHER.”

Review of the supporting information submitted by the requestor finds that the initial medical bill submission dated April 21, 2017 was sent to fax number (512) 370-9709.

The respondent argues that this number is not their fax number — and further asserts it is the fax number of the unaffiliated Texas Office of the Attorney General Crime Victims’ Services Agency.

Review of records and information known to the division could find no information to support that fax number (512) 370-9709 is associated with the State Office of Risk Management (SORM).

The requestor did not present any information to support that the above fax number is associated with SORM.

Based on the preponderance of the evidence submitted for review, the requestor has failed to support that the medical bill submission faxed on April 21, 2017 was received by the insurance carrier, SORM, or their agent.

Texas Labor Code §408.0272(b) provides that, notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
 - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
 - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

While it appears that the requestor, within the period prescribed by Labor Code §408.027(a), did erroneously file for reimbursement with the Texas Office of the Attorney General Crime Victims’ Services Agency, the requestor has *not* submitted proof satisfactory to the Commissioner that the provider erroneously filed for reimbursement with a group health insurer or HMO (under which the injured employee is covered) or another workers’ compensation carrier as listed in the criteria for exceptions under Labor Code §408.0272(b)(1).

No documentation was presented to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the health care provider was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

2. The respondent acknowledges receiving the medical bill faxed subsequently on June 26, 2017 to fax number (512) 370-9025. The division notes that *this* fax number is the fax number printed in SORM's letterhead, and is also the fax number listed in division records for SORM.

The June 26th billing was the initial medical bill received by SORM—which SORM processed and for which they issued an explanation of benefits (EOB) denying the charges on the grounds of untimely filing.

Texas Labor Code §408.027(a) states that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

28 Texas Administrative Code §102.4(h) states that, unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.

The date of service in dispute is March 20, 2017. The 95th day following that date was Friday, June 23, 2017. June 23rd was a working day and not a holiday. Consequently, the medical bill faxed on June 26th was submitted later than the 95th day following the date of service.

Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Consequently, the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

Conclusion

For the reasons stated above, the division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

	Grayson Richardson	September 21, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307. A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (form DWC045M)** in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision.

The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim. The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §141.1(d).**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.